SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)					PAGE 76 / 85
21b	22	X 23	24	25	26
27	28a	28b	28c	29	30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
National Association of Realtors Political Action Committee

A.
Full Name (Last, First, Middle Initial)
Rely on Your Beliefs Fund

Mailing Address   209 PENNSYLVANIA AVENUE, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☐ General
X Other (specify) ▼
Other2010

Transaction ID: BC91F05C3F7F9417EB38
Date of Disbursement
M M / D D / Y Y Y Y
1 2 / 1 0 / 2 0 1 0

Amount of Each Disbursement this Period
5000.00

Category/Type

B.
Full Name (Last, First, Middle Initial)
Hastings for Congress

Mailing Address   Po Box 100277

City	State	Zip Code
Ft Lauderdale	FL	33310

Purpose of Disbursement
VOID - Hastings for Congress

Candidate Name
Rep. Alcee L. Hastings

Office Sought: X House ☐ Senate ☐ President
State: FL   District: 23

Disbursement For: 2010
☐ Primary X General
☐ Other (specify) ▼

Transaction ID: B5C929A94677B492BB81
Date of Disbursement
M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 1 0

Amount of Each Disbursement this Period
-2000.00

Category/Type

C.
Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '14

Mailing Address   Po Box 1496

City	State	Zip Code
Louisville	KY	40201

Purpose of Disbursement

Candidate Name
Sen. Mitch McConnell

Office Sought: ☐ House X Senate ☐ President
State: KY   District:

Disbursement For: 2014
X Primary ☐ General
☐ Other (specify) ▼

Transaction ID: B266C0F01C6AF4251A4F
Date of Disbursement
M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 1 0

Amount of Each Disbursement this Period
2000.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) .... ▶   **5000.00**

TOTAL This Period (last page this line number only) .... ▶

FEC **Schedule B (Form 3X) (Revised 02/2003)**